

AREA <b>015</b>	DIVISION <b>ACLDC</b>	NUMBER <b>001</b>
EVALUATED BY <b>Sergeant G. Berrios</b>		DATE <b>03/23/2010</b>

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input checked="" type="checkbox"/> Formal Evaluation <input type="checkbox"/> Informal Evaluation		SUSPENSE DATE	
FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		COMMANDER'S REVIEW	
<input type="checkbox"/> Correction Report BY		DATE <b>04/20/2010</b>	

### 1. PERSONNEL INSPECTION

EVALUATED <b>03/23/10</b>	ACTION REQUIRED <b>None</b>	CORRECTED <b>N/A</b>
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a. Do employees maintain a high standard of appearance? ☒ Yes ☐ No

b. Conduct a formal inspection (Annex A).

(1) Are officers familiar with the positions of attention, parade rest, and the execution of inspection arms? ☒ Yes ☐ No

### 2. WEAPONS INSPECTION

EVALUATED <b>April 2009</b>	ACTION REQUIRED <b>None</b>	CORRECTED
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a. Are primary weapons inspected annually? ☒ Yes ☐ No

(1) Are deficiencies corrected within 30 days? ☒ Yes ☐ No

(2) Are temporary replacement weapons readily available from Division? ☒ Yes ☐ No

(3) Are all weapons listed on CHP 4, Firearms Report, or CHP 81, Receipt of State Property? ☒ Yes ☐ No

b. Is there a record maintained on employees authorized to carry secondary weapons? ☒ Yes ☐ No

(1) Are weapons inspected on initial approval to carry, and annually on CHP 311, Annual Safety and Protection Equipment Inspections? ☒ Yes ☐ No

c. Are serial numbers physically verified by the commander or his/her designee every year? ☒ Yes ☐ No

(1) When was the last audit conducted? **April 2009**

(2) Was the printout returned to the Academy Weapons Control Unit by April 30 of the inventoried year? ☒ Yes ☐ No

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Command: Office of Community Outreach and Recruitment	Division: <b>ACLDC</b>	Chapter: <b>10</b>
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INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection:  2 hrs	<input type="checkbox"/> Corrective Action Plan Included  <input type="checkbox"/> Attachments Included
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to:  Due Date:		
Chapter Inspection:			
Inspector's Comments Regarding Innovative Practices:			

None

Command Suggestions for Statewide Improvement:
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None

Inspector's Findings:
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None

Commander's Response: <input checked="" type="checkbox"/> Concur or <input type="checkbox"/> Do Not Concur (Do Not Concur shall document basis for response)
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None

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)
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None

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Command: Office of Community Outreach and Recruitment	Division: ACLDC	Chapter: 10
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Required Action
Corrective Action Plan/Timeline

Chapter 10 Inspection was conducted at the Academy with representatives from commands under ACLDC. No discrepancies were noted for the Office of Community Outreach and Recruitment.

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE 4/20/10
	INSPECTOR'S SIGNATURE	DATE
<input type="checkbox"/> Reviewer discussed this report with employee <input checked="" type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE 	DATE 5/3/10

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Command: Office of Community Outreach and Recruitment	Division: ACLDC	Chapter: 10
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**AREA MANAGEMENT EVALUATION  
UNIFORM AND EQUIPMENT INSPECTION**

CHP 453K (Rev. 5-06) OPI 009

AREA Ofc of Org Develop.	DIVISION ACLDC	NUMBER 014
EVALUATED BY Gina Linson		DATE 03/23/2010

**INSTRUCTIONS:** Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input checked="" type="checkbox"/> Formal Evaluation <input type="checkbox"/> Informal Evaluation		SUSPENSE DATE	
FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Correction Report BY _____	COMMANDER'S REVIEW 
		DATE 4-9-10	

<b>1. PERSONNEL INSPECTION</b>	EVALUATED	ACTION REQUIRED	CORRECTED
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a. Do employees maintain a high standard of appearance? ☒ Yes ☐ No

b. Conduct a formal inspection (Annex A).

(1) Are officers familiar with the positions of attention, parade rest, and the execution of inspection arms? ☒ Yes ☐ No

<b>2. WEAPONS INSPECTION</b>	EVALUATED	ACTION REQUIRED	CORRECTED
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a. Are primary weapons inspected annually? ☒ Yes ☐ No

(1) Are deficiencies corrected within 30 days? ☒ Yes ☐ No

(2) Are temporary replacement weapons readily available from Division? ☒ Yes ☐ No

(3) Are all weapons listed on CHP 4, Firearms Report, or CHP 81, Receipt of State Property? ☒ Yes ☐ No

b. Is there a record maintained on employees authorized to carry secondary weapons? ☒ Yes ☐ No

(1) Are weapons inspected on initial approval to carry, and annually on CHP 311, Annual Safety and Protection Equipment Inspections? ☒ Yes ☐ No

c. Are serial numbers physically verified by the commander or his/her designee every year? ☒ Yes ☐ No

(1) When was the last audit conducted? December 2, 2009

(2) Was the printout returned to the Academy Weapons Control Unit by April 30 of the inventoried year? ☒ Yes ☐ No

## COMMAND INSPECTION PROGRAM EXCEPTIONS DOCUMENT

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INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection:  30 Minutes	<input type="checkbox"/> Corrective Action Plan Included  <input type="checkbox"/> Attachments Included
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to: ACLDC  Due Date: 4/9/2010		
Chapter Inspection:			
Inspector's Comments Regarding Innovative Practices:			

Command Suggestions for Statewide Improvement:

No suggestions at this time.

Inspector's Findings:

Commander's Response: ☐ Concur or ☐ Do Not Concur (Do Not Concur shall document basis for response)

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

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Required Action
Corrective Action Plan/Timeline

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE <i>[Signature]</i>	DATE 4/9/10
UNIFORMS ←	INSPECTOR'S SIGNATURE <i>[Signature]</i>	DATE 4/14/10
<input type="checkbox"/> Reviewer discussed this report with employee <input checked="" type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE <i>[Signature]</i>	DATE 4/14/10

**AREA MANAGEMENT EVALUATION  
UNIFORM AND EQUIPMENT INSPECTION**  
CHP 453K (Rev. 5-06) OPI 009

AREA 091	DIVISION 004	NUMBER
EVALUATED BY Chief Ken Hill		DATE 3/23/2010

**INSTRUCTIONS:** Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input checked="" type="checkbox"/> Formal Evaluation <input type="checkbox"/> Informal Evaluation		SUSPENSE DATE	
FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		COMMANDER'S REVIEW 	DATE 3/23/10
BY _____		EVALUATED 3/23/2010	ACTION REQUIRED No
1. PERSONNEL INSPECTION		CORRECTED N/A	

- a. Do employees maintain a high standard of appearance? ☒ Yes    ☐ No
- b. Conduct a formal inspection (Annex A).
- (1) Are officers familiar with the positions of attention, parade rest, and the execution of inspection arms? ☒ Yes    ☐ No

2. WEAPONS INSPECTION		EVALUATED 3/23/2010	ACTION REQUIRED No	CORRECTED N/A
a. Are primary weapons inspected annually?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
(1) Are deficiencies corrected within 30 days?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
(2) Are temporary replacement weapons readily available from Division?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
(3) Are all weapons listed on CHP 4, Firearms Report, or CHP 81, Receipt of State Property?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
b. Is there a record maintained on employees authorized to carry secondary weapons?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
(1) Are weapons inspected on initial approval to carry, and annually on CHP 311, Annual Safety and Protection Equipment Inspections?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
c. Are serial numbers physically verified by the commander or his/her designee every year?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
(1) When was the last audit conducted?				
(2) Was the printout returned to the Academy Weapons Control Unit by April 30 of the inventoried year?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		



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Command: <b>Academy</b>	Division: <b>ACLDC</b>	Chapter: <b>10</b>
Inspected by: <b>ACLDC</b>		Date: <del>5/7/2010</del> <b>3/23/10</b>

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INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION X Division Level <input type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection:  One	<input type="checkbox"/> Corrective Action Plan Included  <input type="checkbox"/> Attachments Included
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to:		
Due Date:			
Chapter Inspection:			
Inspector's Comments Regarding Innovative Practices:			

N/A

Command Suggestions for Statewide Improvement:

N/A

Inspector's Findings:

No corrective action required.

Commander's Response: ☒ Concur or ☐ Do Not Concur (Do Not Concur shall document basis for response)

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

Concur.

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Command: Academy	Division: ACLDC	Chapter: 10
Inspected by: ACLDC		Date: <del>5/7/2010</del> 3/23/10

Required Action
Corrective Action Plan/Timeline

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE 5/7/10
	INSPECTOR'S SIGNATURE 	DATE 5/13/10
<input type="checkbox"/> Reviewer discussed this report with employee <input checked="" type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE 	DATE 5/13/10

## Memorandum

Date: April 29, 2010

To: Office of Assistant Commissioner,  
Leadership Development & Communications

From: **DEPARTMENT OF CALIFORNIA HIGHWAY PATROL**  
Office of Media Relations

File No.: 013.A13539.ch10request

Subject: EXEMPTION REQUEST FOR CHAPTER 10 – UNIFORM AND EQUIPMENT  
INSPECTION

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The Office of Media Relations (OMR) requests an exemption for the Category 10, Uniform and Equipment Inspection. Per HPM 22.1, Command Inspection Program Manual, commands that do not maintain a specific program shall immediately submit a memorandum through channels to the Office of Inspections.

Any questions regarding this exemption request may be directed to myself or Information Officer II Jaime Coffee at (916) 843-3310.



F. CLADER  
Commander

*Safety, Service, and Security*